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Date of Deposit: Feb 8, 2006

By: James E. Bradley

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF
Nicholas McMahon Turner, et al.

DOCKET NO. 048717.000002

SERIAL NO.: 10/718,057

EXAMINER:

Unknown

FILED: 11/20/2003

GROUP ART UNIT: 3738

TITLE: **Medical Devices**

THIRD SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants are enclosing a Form PTO-1449 citing a referenced patent. This Third Supplemental Information Disclosure Statement is cited in compliance with Applicants' duty of candor and good faith in accordance with the provisions of 37 C.F.R. § 1.97 and 1.98(a)(1).

Please charge any additional fees which may be required to Bracewell & Giuliani LLP, Deposit Account No. 50-0259 (048717.000002).

Respectfully submitted,

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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(Use as many sheets as necessary)



Complete if Known

Application No.	10/718,057
Filing Date	11/20/2003
First Named Inventor	Nicholas McMahon Turner
Group Art Unit	3738
Examiner Name	Unknown
Attorney Docket No.	048717.000002

Sheet 1 of 1

U.S. PATENT DOCUMENTS

Examiner Initials	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code (if known)			

FOREIGN PATENT DOCUMENTS

Examiner Initials	Cite No.	Foreign Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Office Kind Code	Number (if known)				
	AA	WO2004/073513A2		Medtronic Inc.	09/02/2004		

OTHER PRIOR ART

Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published.